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Bib Data Sheet

CONFIRMATION NO. 7001

SERIAL NUMBER 10/809,060	FILING DATE 03/25/2004 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 1/1475
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 03029507.5 12/20/2003
 EUROPEAN PATENT OFFICE (EPO) 03016224.2 07/17/2003
 EUROPEAN PATENT OFFICE (EPO) 03007001.5 03/27/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/04/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

ADDRESS

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TITLE

Pharmaceutical composition of antiviral agents

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

<p>FILING FEE</p> <p>RECEIVED 1278</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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